The purpose of this study is to reach a deeper understanding of end-of-life care based on the perspective of the caregiver, as well as of the meaning of consolation in this caring. The question proposed is: What is the bearer of meaning in end-of-life care? What is consolation in end-of-life care? The thesis is presented at the Department of Caring Science at Åbo Akademi University in the tradition of the autonomous Caring Science. The study is a contribution to the clinical Caring science. The ontological starting point consists of the basic assumption that the human being is an indivisible entity consisting of body, soul, spirit and dignity, according to Eriksson. The basic motive of caring is the caritas motive.

The thesis is made up of three partial studies. Study I is a survey in which seven caregivers described their experiences of end-of-life care at a health care center through a questionnaire. This part presents the findings of my Bachelor's thesis in Caring Science. The study is founded on Ödman's hermeneutic forms of interpretation. Study II refers back to the previous study and seeks, based on the same methods, to deepen the knowledge of consolation. Study III is a study of consolation in end-of-life care based on 17 studies and parts of the Bible. It consists of a qualitative and latent content analysis of literature, drawing on Kyngäs and Vanhanen as well as Graneheim och Lundman. Finally, these studies form the basis for a hermeneutic reflection against the theoretical perspective.

The results of study I revealed that the caregivers experienced several common themes in end-of-life care such as: respect, dignity, security, closeness, contact, compassion, listening, attentiveness, community, self-determination, acceptance and support. This is in harmony with the essence of caring and caritative care. Strong associations with the basic assumptions of Caring Science can be found in statements on the human being as an entirety, of seeing and caring for the whole individual, of the caregiver as creating a sense of respect and security for the suffering patient. Caregivers mostly experience the struggle of suffering as difficult. The participation of family and kin in caregiving plays an important and central role. The care received can sometimes be perceived as insufficient and there is a need for a diverse professional knowledge of end-of-life care.

In the results from study II the meaning and dimensions of consolation are not clearly apparent. The results from study III on the other hand bring forth consolation in the spiritual dimension, in the sense of community, relationship and in self-determination as well as something that gives relief, care, and evokes feelings of dignity, respect and safety. Consolation is strongly related to caring and rests on ethical foundations.

The comparison of the studies concludes with caritative care which is ethical and based on care with a holistic outlook of the human being, and on a concept of compassion with the patient in the center. Dimensions of love and consolation could be further emphasized in caring as well as in research.